

Carnival of Care 2010

Standard Photo and Videotaping Release

I, _____ do hereby consent to having my image and or voice videotaped for the exclusive use of the videographer in the videotaping of his production in partnership with *The CareForward Foundation, INC*, Coalition to Protect Auto No Fault and the Brain Injury Association. I hereby release the videographer and his partners from any liability and understand that he may edit either my image or voice for the purposes that best suit his production with the express understanding that the finished production will be neither indecent, immoral or illegal and that my statements via voice will NOT be edited in such a way as to change the meaning nor purpose of my statement.

Date: March 20, 2010

Signed:

Instructions: Please print and sign this form after reading it. Be sure to keep it in a safe spot and bring it with you to the Carnival of Care on March 20, 2010. You will need this form to be a Movie Star.